



BUSINESS LICENSING
200 E Morris Ave, Ste 200
South Salt Lake, UT 84115
(801) 483-6063
businesslicense@sslc.gov

**THIS APPLICATION IS NOT
A LICENSE TO
CONDUCT BUSINESS.**

HOME OCCUPATION BUSINESS LICENSE APPLICATION

For businesses operating from a permanent physical residence within the city limits of South Salt Lake.

SECTION 1: BUSINESS INFORMATION – *Please complete all blanks; write N/A if not applicable.*

Business Name: _____

“Doing Business As”: _____

(Business Name and DBA must be registered with the Utah Department of Commerce unless it is a personal name.)

Business Physical Address: _____

Business Mailing Address: _____

Property Owner Name: _____

Business Phone Number: _____

Business Email: _____

Website: _____

Utah State Sales Tax License Number: _____

Federal Tax ID Number/ Employer Identification Number (EIN): _____

Occupational or Professional License Number (DOPL): _____

SECTION 2: BUSINESS USE AND IMPACTS

Location of business in home: _____

Number of employees residing in home: _____

Number of non-resident employees: _____

Hours of operation: _____

Days of operation: _____

Number of on-site customers per day: _____

Business use will include (check all items that apply):

- ☐ Home office only
- ☐ Use of garage/accessory building on property
- ☐ Outdoor storage of supplies, material, or equipment
- ☐ Storage of a commercial vehicle or trailer at home
- ☐ On-site customers throughout the day
- ☐ Noise that may reach adjacent properties

SECTION 3: DETAILED BUSINESS DESCRIPTION – *Continue on separate page if more space is needed.*

SECTION 4: OWNERSHIP & CONTACTS – Every application must have an owner and an emergency contact.

Property Owner Name: _____	Must provide Property Owner’s Affidavit or copy of lease agreement including the business name if Property Owner is different than Business Owner.
Mailing Address: _____ Street City State Zip	
Phone: _____ Email: _____	
Additional Contact Name: _____	Contact Role(s), mark all that apply: <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Employee <input type="checkbox"/> Other Officer or Agent
Mailing Address: _____ Street City State Zip	
Phone: _____ Email: _____	

SECTION 5: NOTIFICATIONS AND VERIFICATION OF AUTHORITY

1. **This application does not constitute a business license. Incomplete applications will not be processed.**
2. Decisions on applications are made based upon the information provided on the application materials, and reviews and inspections performed, as required.
3. Application denial or subsequent license suspension or revocation are most often the result of an inaccurate or incomplete application, failure to update information, and/or non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
4. It is the applicant’s responsibility to determine and comply with any requirements from other regulatory agencies.

I affirm that: I am an authorized agent of the business for which application is being made, and that the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

Signature Print Name Date

SECTION 6: FEES

License Type	Initial License Fee	License Annual Renewal Fee
Home Occupation, Category II	\$59.00	\$50.00
Home Occupation, Childcare	\$374.00	\$173.00

OFFICE USE ONLY	DATE RECEIVED	LICENSE FEE	<input type="checkbox"/> PRORATED # OF MONTHS _____
	LICENSE #	RECEIPT #	LICENSE TYPE
ZONING APPROVAL	DATE	CURRENT ZONE	<input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> PERMITTED USE
BUILDING APPROVAL	DATE	NOTES	
FIRE APPROVAL	DATE	NOTES	